



CITY OF

RIVERSIDE

OFFICE OF NEIGHBORHOODS



Neighborhood Matching Grant Expenses/Match Form

Neighborhood Organization Name: _____

Project Title: _____ **Date:** _____

Please fill out the following to reflect the estimated costs of the project, the match provided, and the grant funds requested for your project. Please attach additional pages, pictures, supply estimates, etc., if needed.

Description of estimated costs of project. Please itemize. (For example, a neighborhood beautification project may include costs for irrigation supplies, plant material, soil, and fertilizer. Typically tools, computer equipment, and items that could potentially benefit only one resident are not approved for grant funding.)

ITEMS:

ESTIMATED COST:\$

Total Estimated costs: \$

Description of Match (Please refer to the completed Pledge form (green):

Match can be made in one or a combination of three ways:

1. Volunteer "sweat equity" hours: _____ hours X \$16.00 = \$ _____

(Dollar amount based on Points of Light Foundation determination)

2. Donation of in kind goods and services

("Goods and services" would be those that are being donated that would otherwise have to be paid for.)

Describe goods or services donated:

Value of goods or services donated: \$ _____

3. Cash donated: \$ _____

Total Donation of "sweat equity," goods and services, and cash for project: \$

***Total Grant Funds requested (Maximum of \$1,000) \$**

** Important note: Requested amount will be less than or equal to the match amount and no great than the estimated cost of the project.*

06/28/04EYM